

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001087

FILED  
May 01, 2008  
Secretary of State

Entity Name: HUSKY INJECTION MOLDING SYSTEMS, INC.

**Current Principal Place of Business:**

55 AMHERST VILLA ROAD  
BUFFALO, NY 142251432

**New Principal Place of Business:**

**Current Mailing Address:**

55 AMHERST VILLA ROAD  
BUFFALO, NY 142251432

**New Mailing Address:**

500 QUEEN STREET SOUTH  
BOLTON, ON L7E 5S5 CA

FEI Number: 36-2514693      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GAGNON, DANIEL D, PRES  
Address: 500 QUEEN STREET SOUTH  
City-St-Zip: BOLTON, ON L7E 5S5 CA

Title: DVP ( ) Delete  
Name: SIERADZKI, RICHARD D, VP  
Address: 45145 WEST TWELVE MILE ROAD  
City-St-Zip: NOVI, MI 48377 US

Title: AS ( ) Delete  
Name: MORTON, PAUL AST SEC  
Address: 77 W. WACKER DRIVE STE 2400  
City-St-Zip: CHICAGO, IL 60601 US

Title: SGC ( ) Delete  
Name: MCKENDRY, MICHAEL SEC, GC  
Address: 500 QUEEN STREET SOUTH  
City-St-Zip: BOLTON, ON L7E 5S5 CA

Title: DTX (X) Delete  
Name: HAIRE, ROBERT D, TAX  
Address: 500 QUEEN STREET SOUTH  
City-St-Zip: BOLTON, ON L7E 5S5 CA

Title: DGM ( ) Delete  
Name: LOUCKS, TIM DGM  
Address: 288 NORTH ROAD  
City-St-Zip: MILTON, VT 05468 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MCKENDRY

SEC

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date